Issue Brief

Honoring Their Service

Behavioral Health Services for the Military and Their Families

January 2011

Our military personnel and their families are heroes who risk their lives in their mission to protect our freedom. There is a strong commitment to ensuring they have the resources they need to complete the mission and return home safely, but a safe return home does not always ensure that they have the services and support they need. The two most common health issues diagnosed in service members of the wars in Iraq and Afghanistan who seek care at the US Department of Veterans Affairs (VA) are musculoskeletal and mental health problems.[1] While excellent systems exist to treat the physical wounds, treating behavioral health problems is often complicated by barriers including stigma, lack of behavioral health providers, and lack of coordination between federal, state, and local systems of health care.

The North Carolina Institute of Medicine (NCIOM) Task Force on Behavioral Health Services for the Military and Their Families

The North Carolina General Assembly (NCGA) recognized the need to provide services and supports to meet the behavioral health needs of service members in the state when federal resources are not available. The NCGA asked the NCIOM to study the adequacy of mental health, developmental disabilities, and substance abuse services funded with Medicaid and state funds that are currently available to active and reserve component members of the military, veterans, and their families and to determine any gaps in services.[a] The Task Force received funding from the North Carolina Department of Health and Human Services Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS) through the North Carolina Substance Abuse Prevention and Treatment Block Grant from the Substance Abuse and Mental Health Services Administration. The Task Force was co-chaired by Representative Grier Martin, JD, LLM, NCGA, an Afghanistan war veteran; Senator William R. Purcell, MD, NCGA, a veteran; and Michael Watson, Deputy Secretary for Health Services, NC Department of Health and Human Services (DHHS), a Vietnam war veteran. They were joined by 43 other Task Force and Steering Committee members. The Task Force issued 13 recommendations (noted here in italics), which are summarized in this issue brief. A full copy of the report is available at www.nciom.org.

Service Members and Their Families in North Carolina

North Carolina is home to the fourth largest military population in the country, fifth largest military retiree population, and ninth largest veteran population.[2] There are currently 120,000 active duty personnel based at one of the seven military installations or deployed overseas representing each branch of the military, and nearly 800,000 veterans. The reserve component (i.e., National Guard or Reserve) consists of another 45,000 service members who live in all 100 counties. About 35% of the state's population is in the military, a veteran, spouse, survivor, parent, or dependent of someone connected to the military.[2] These families live, work, study, and play throughout the state.

Since September 2001, more than two million troops have been deployed to support Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) in Afghanistan. Rather than imposing a draft, the United States deploys active and reserve service members multiple times, for longer lengths of time, and with less time at home between deployments. The physical environment in Iraq and Afghanistan exposes service members to more direct involvement, both in traditional combat theater and support roles. Although there is more exposure to violence, service members are now surviving more of the injuries that in previous wars would have resulted in death.[1,3] As a consequence, a higher percentage of active and reserve service members are returning home with traumatic brain injury (TBI), post traumatic stress disorder (PTSD), other mental health problems, and/or substance use disorders than in past conflicts.

Military service members and their families face unique challenges, including multiple deployments and transitions. These frequent relocations disrupt systems of support and interfere with careers and school for military families. In addition to these challenges, these service members and families have a distinct culture. Some aspects of the military

a. Section 10.78(ff) of Session Law 2009-451; Sections 16, 19 of Session Law 2009-574

culture help service members achieve their mission in stressful conditions, but others create barriers to seeking care when problems arise. Service members may overestimate their abilities to cope and may not seek care when it is needed.

TBI, Mental Health, and Substance Use Disorders

The stress of combat and military service has lasting psychological and behavioral effects on our service members and their families. There are estimates that as many as 19% of active and returning veterans have experienced a TBI, 12% to 25% have PTSD, and 20% to 45% have problems with alcohol use.[4,5,6]

TBI is a blunt or penetrating injury that interrupts normal brain function. In combat settings, these injuries may be caused by firearms and blasts, in addition to falls, assaults, or motor vehicle crashes.[7] Manifestations and consequences of traumatic brain injury vary widely. Patients with TBIs may have residual impairments affecting a wide range of brain functions. Combat environments can also lead to PTSD among some service members. PTSD is a type of anxiety disorder that develops following an extreme event in which one either directly experiences or observes circumstances that threaten or lead to grave harm. This traumatic event is experienced with a profound sense of fear, helplessness, and/or horror.

In addition to TBI and PTSD, many service members experience other behavioral health problems such as depression, panic attacks, and generalized anxiety. Some have suicide ideation, and too many other service members commit suicide. Service members are at heightened risk for interpersonal conflict when they return home.[6] In addition, some service members suffer from military sexual trauma.

Alcohol use continues to pose a significant problem for the armed services, with 20% of surveyed active duty service members reporting heavy drinking. In addition, misuse of prescription drugs has been on the rise during the past six years.[4] Even when service members are identified as needing substance abuse counseling and treatment, very few actually receive the needed services.[6]

Service personnel often experience multiple, overlapping behavioral health problems which further complicate diagnosis and treatment for service members, veterans, and their families. Federal, state, and public health care systems need to not only be aware of these disorders in the military population, but work together to ensure that all needs of the population are met.

Federal Health System

TRICARE insurance programs are available to active duty service members, their families, retirees, survivors, and certain veterans. While TRICARE offers coverage for comprehensive health services, barriers remain which make it difficult to access services. TRICARE is not available to all National Guard or Reservists. Additionally, TRICARE may not have sufficient numbers of behavioral health professionals in their networks, and do not credential licensed substance abuse professionals in their provider networks.

To be eligible for VA health care, a veteran must have served for at least two years (unless injured while on duty) and cannot have been dishonorably discharged. All returning OEF/OIF veterans have access to VA services for five years. After the initial period, enrollment in VA is limited to veterans in one of the priority populations. VA offers comprehensive health services to veterans enrolled in the VA system. However, only 50% of eligible OEF/OIF veterans have enrolled in the VA system, and many of those who need behavioral health services fail to seek care.[1] Unlike TRICARE, VA does not provide direct health services for family members.

One of the major gaps in the TRICARE program is for the reserve component. They are only eligible for TRICARE once they are activated and called to active duty for more than 30 days. At that time, their family members also become eligible. Further, reserve component members may not have the same level of support as other members of the armed forces who are attached to a military unit once they return to civilian life. To address these gaps, the National Guard and Reserves have developed programs to provide additional support; but funding for these innovative programs is limited. To continue meeting the needs of reserve component members, *the Task Force recommends the NCGA appropriate additional funds to expand the availability of counseling and treatment services for individuals who have served in the military through the active and reserve components, and their families.*

A major goal of the Task Force was to help people access federal services to which they are entitled. Federal programs and insurance coverage should be the primary source of coverage for behavioral health services for military members who have served our country. However, more resources are needed to ensure that people can obtain needed behavioral health services. *Thus, the Task Force recommends Congress should expand access to mental health and substance abuse professionals in the military health system by changing some of the professional credentialing rules and increasing funding for behavioral health services.*

State Public Health System

Over the past 10 years, the federal government has expanded the availability and accessibility of federal behavioral health

resources. Despite these laudatory efforts, barriers remain which make it difficult for active and reserve components, veterans, and their families to access these services. Barriers include eligibility restrictions, costs, inability to access providers, and fear of adverse military consequences from seeking care. The Task Force examined how the state behavioral health system and other state-funded systems of care could help address some of these gaps.

DMHDDSAS is the state agency charged with coordinating the prevention, treatment, and recovery supports for people with mental health, intellectual and other developmental disabilities (including traumatic brain injury), or substance abuse problems in North Carolina. These services are particularly important to service members and their families who are uninsured once they return home. Services are typically provided through private providers under contract with Local Management Entities (LMEs). *To ensure coordinated services between the federal and state systems of care, the Task Force recommended that DMHDDSAS and LME staff receive training on the number of service members and families in their area, behavioral health issues that might affect them, and local, state, and federal referral resources.*

DHHS also provides a toll-free information and referral telephone service, CARELINE, which helps link military members and their families to state-supported services. State funding cuts restricted the hours which services could be provided. *Thus, the Task Force recommends the NCGA should appropriate additional recurring funds to DHHS to expand CARELINE funding to support return to 24-hours/day, 7-days/week.*

The Task Force also recognized the importance of improving the availability of behavioral health services and appropriate referrals into treatment in a primary care setting. Most people access primary care services at least once per year.[8] Thus, one way to improve access is to expand the provision of behavioral health services from primary care professionals. Primary care professionals should be trained to understand the potential medical, mental health, or substance abuse disorders of returning veterans and their families. *Thus, the Task Force recommends North Carolina Area Health Education Centers (AHEC) Program, along with state and federal partners, should provide training for health professionals and hospital administrators. To encourage health care professionals to seek additional training and provide evidence-based care, the Task Force also recommends that DMHDDSAS and Division of Medical Assistance (DMA) improve reimbursement to behavioral health professionals who meet certain training and quality of care standards. The Task Force also recommends that DMA work with VA to ensure service members receive the most up-to-date diagnostic testing and screening for TBI and a community-based neurobehavioral system of care for TBI.*

In addition, North Carolina should encourage the development of integrated models in which primary care professionals work collaboratively with behavioral health specialists and care managers to provide appropriate treatment. *Thus, the Task Force recommends the North Carolina Foundation for Advanced Health Programs through the Center of Excellence in Integrated Care should work in collaboration with partner organizations to support and expand collocation in primary care practices of licensed health professionals trained in providing mental health and substance abuse services.*

Workforce, Outreach, and Research

A coordinated system of care for the military and their families needs sufficient providers and support to operate effectively. North Carolina, like the nation, has a shortage of trained behavioral health professionals. In 2009, there were five North Carolina counties that did not have psychiatrists, psychologists, psychological associates, or nurse practitioners or physician assistants with mental health specialties.[9] In addition, there are licensed behavioral health providers in most counties who choose not to participate in TRICARE, even though many are eligible to do so.

The shortage and maldistribution of behavioral health providers affects the entire state. While some state and federal loan forgiveness programs are available to recruit behavioral health clinicians to underserved areas, these programs are unlikely to be able to address all behavioral health provider shortages in our state. *If efforts to recruit adequate numbers of providers into underserved areas are insufficient, the Task Force recommends the NCGA appropriate additional funding to expand the supply of trained mental health and substance abuse professionals.*

Due to the stigma of seeking behavioral health services, active and former service members and their families often turn to veteran service organizations, community-based organizations, and/or the faith community when they need help. These organizations could be more effectively engaged to meet the behavioral health needs of the military members and their families.

In recognition of the services and commitments to our service members of these varied organizations, *the Task Force recommends the Citizen Soldier Support Program, along with state and federal partners, should provide training for local crisis service providers, veteran service organizations, veteran service officers, professional advocacy and support organizations, and the faith community on behavioral health conditions that affect the military, eligibility for federal programs, and referral resources.* The Task Force also recognized the unique circumstances of children connected to military families in its recommendation *to improve support for military children in the North Carolina school system including training for local*

educators on military children in their area, behavioral health issues that might affect them, and referral resources.

While there are many resources to support service members and their families, these services are not always well coordinated. The Governor's Focus on Servicemembers, Veterans, and their Families is a nationally recognized, statewide partnership including VA, NC National Guard, state agencies, and other community partners that helps coordinate services throughout the state. *The Task Force supported the continued work of the Governor's Focus group.*

There is still much to learn about the military population and the ways to best serve them. The state is home to world renowned research facilities that are studying these problems and their solutions. *Thus, the Task Force recommends the University of North Carolina, General Administration, in collaboration with other college and university partners should collaborate on research to address the behavioral health problems and challenges facing military personnel, veterans, and family members.*

Conclusion

Our service members, veterans, and their families make tremendous sacrifices in their service to our state and nation. When they come home and face readjustment difficulties, it is our responsibility to honor their service by making sure they have access to quality behavioral health services. In order to meet that commitment, partners at the federal, state, and community level must work together to strengthen our military families.

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Acknowledgements: The work of the Task Force would not have been possible without the dedicated and voluntary efforts of the Task Force and Steering Committee members.

Task Force members: Rep. Grier Martin, JD, LLM (co-chair), NCGA; Sen. William R. Purcell, MD (co-chair), NCGA; Michael Watson (co-chair), Deputy Secretary for Health Services, DHHS; Rep. Martha Bedell Alexander, MHDL, NCGA; Linda Alkove, LCSW, DCSW, Service Line Director for Psychiatry, Cape Fear Valley Health System; David Amos, Field Optimization Director, Mid-Atlantic Health Net Federal Services; Sen. Bob Atwater, NCGA; Gary L. Bowen, PhD, MSW, Kenan Distinguished Professor, School of Social Work, University of North Carolina at Chapel Hill (UNC-CH), Lead Scientist, Jordan Institute Group for Military Members, Veterans, and Their Families; Sen. Peter S. Brunstetter, JD, NCGA; Rev. Lionel E. Cartwright, MDiv, First Missionary Baptist Church, Master Warrant Officer Five US Army Retired; David P. Cistola, MD, PhD, Principal Investigator, Operation Re-entry North Carolina, Associate Dean for Research, Professor, College of Allied Health Sciences & Brody School of Medicine, East Carolina University; Brian W. Corlett, TRICARE Service Center Manager, Health Net Federal Services; Grayce M. Crockett, FACHE, Area Director, Mecklenburg County Area Mental Health Authority; Carol J. Cullum, Vice President of Student Development, Cape Fear Community College; Debra Dihoff, MA, Executive Director, National Alliance for Mental Illness North Carolina; Sandra Farmer, MEd, CBIS, President, Brain Injury Association of North Carolina; Israel Garcia, MSSW, Former Migrant Health Coordinator, North Carolina Community Health Center Association; Rep. Rick Glazier, JD, NCGA; Catharine Goldsmith, Chief, Behavioral Health Clinical Policy and Programs, DMA, DHHS; Bob Goodale, MBA, Director, Citizen Soldier Support Program; Linda Harrington, MSW, LCSW, Director, Division of Vocational Rehabilitation Services; Robin Hurley, MD, FANPA, Associate Chief of Staff, Research and Education, Salisbury Veterans Affairs Medical Center, Veterans Integrated Service Network (VISN) 6 Mental Illness Research Education and Clinical Center (MIRECC), Associate Director, Education, Associate Professor, Wake Forest University School of Medicine; Lil Ingram, Living in the New Normal; M. Victoria Ingram, PsyD, ABPP-CL, Lieutenant Commander, Public Health Service, Clinical Neuropsychologist, Chief, Womack Army Medical Center Psychology Service, President-Elect, American Board of Clinical Psychologists; Rep. Verla Clemens Insko, MPA, NCGA; Andrew Jackson CSM (ret), Transition Assistance Advisor, North Carolina National Guard; Harold Kudler, MD, Associate Director, VISN 6 MIRECC, Clinical Lead, VISN 6 Rural Health Initiative, Associate Clinical Professor, Duke University Medical Center; Michael Lancaster, MD, Medical Director, Behavioral Health Services, North Carolina Community Care Networks, Inc.; Sara McEwen, MD, Executive Director, Governor's Institute on Substance Abuse (GISA); Stephanie W. Nissen, LMHC, LPC, State Director, Behavioral Health Programs, North Carolina National Guard; Sheryl Pacelli, MEd, Director Mental Health Education, South East AHEC; Christie Silbajoris, MSLS, AHIP, Director, NC Health Info, Health Sciences Library, UNC-CH; Erin M. Simmons, PhD, Lieutenant Commander, Medical Service Corps, United States Navy, Clinical Psychologist, former Back on Track Supervisor, Caregiver Occupational Stress Team Leader, Mental Health Clinic, Naval Hospital, Camp Lejeune; Karen D. Stallings, RN, MEd, Associate Director, NC AHEC Program; John G. Wagnitz, MD, MS, DLFAPA, Psychiatrist, Department of Veterans Affairs Community-Based Outpatient Clinic; Edmond B. Watts, MSW, LCSW, VISN 6 Incarcerated Veteran Re-entry Specialist, W. G. "Bill" Hefner VA Medical Center; Laura A. Yates, MSW, LCSW, Social Work Program Director, Americans with Disabilities Act Coordinator, Division of Prisons, North Carolina Department of Correction

Steering Committee members: Wei Li Fang, PhD, Director for Research and Evaluation, GISA; John Harris, MSW, QMHP, Clinical Policy, DMHDDSAS; Greg Hughes, MSW, Durham Veterans Affairs Medical Center; Susan E. Johnson, Developmental Disabilities Manager, Behavioral Health Section, Clinical Policy, DMA; Charlie Smith, Director, North Carolina Division of Veteran Affairs; and Flo Stein, MPH, Chief, Community Policy Management Section, DMHDDSAS

A copy of the full report, including the complete recommendations, is available on the North Carolina Institute of Medicine website, http://www.nciom.org.

The report was requested by the North Carolina General Assembly, and supported by funding from the North Carolina Department of Health and Human Services Division of Mental Health, Developmental Disabilities, and Substance Abuse Services through the North Carolina Substance Abuse Prevention and Treatment Block Grant from the Substance Abuse and Mental Health Services Administration.

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